

# Dukes Avenue Practice: Local Patient Participation Report 2013-14



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## Dukes Avenue Practice: Local Patient Participation Report

### A. A description of the profile of the members of the PRG

During the year, our patient group massively expanded. The initial meeting had 7 attendees; Gender - 4 women, 3 men; Age - 3 in their 50's, 2 in their 60's, 1 in their 70's and 1 in their 80's; Ethnicity – all White and British; Employment status – A mixture of employed and retired. These were people who were members of the patient group from previous years and were happy to continue to be involved.

Following requests for new members (see paragraph below) we had 133 people of mixed aged and genders who were interested in being involved. We then had 26 people who actually attended the second meeting. Of those 26 people all were registered patients of Dukes Avenue Practice and their profile was;

Age	PPG members
Under 25	0
26-45	10
45-65	11
65+	5

Gender	PPG members
Female	15
Male	11

Ethnicity	PPG members
White British or Mixed British	18
Other White Background	4
British Indian	1
British Asian	1
White European	1
Greek Cypriot	1

We were also able to know that the group consisted of people who had used the surgery for varying lengths of time and frequency – some not at all in the last year and others more than 20 so we had a range of experiences of our practice. This included those who have experience of using our diabetic service with the health care assistant and the doctors, our nursing service and our anti-coagulation service.

### B. How we tried to make the PRG representative of its registered patients

We used our best endeavors to make our group representative and advertised for patients interested in joining the group in a number of ways, with one being the most successful. Initially, we re-engaged with those who had attended a meeting before. We continually had a notice on the waiting room and we extended that to the board outside the surgery and a new online notice on the website. A tweet was also sent out using our twitter account, hoping that this might reach a slightly younger audience. Without a doubt, the most successful method used was via a text message with the link to the patient survey. We asked a question about whether they would be interested in being involved and received 133 replies from people who said that they would be. Only 2 of these were from people aged under 25.

In addition to the above efforts, we had a work experience young man who was giving out the questionnaires to the patients in the waiting room and was asked to specifically

encourage those from ethnic minority backgrounds and younger people to participate in the survey and recruit for the patient group. So targeted work happened here.

We held the first meeting on a Saturday morning and the second meeting on a Wednesday evening to trial if a different day and time impacts on attendance.

Knowing that not everyone would be able to make a meeting, we tried online engagement for those less able to attend the practice, inviting for responses/suggestions to the survey via email. We had success in this as one patient who was deaf wrote back regarding our communication with those hard of hearing, which was useful.

Despite these different steps, our patient group is still low on people under 25 years old. Ten percent of our registered population is between 15-25 years old and whilst 6% of our survey responses were from this age range, which is good, we faced difficulties, despite our efforts, in this age range attending our patient group. A good suggestion was made by a patient to have smaller groups looking at different subjects and this could be used to have a younger people focus group, which may encourage those of that age to attend.

### **C. How we reached agreement on the issues to be included in the survey**

For the first meeting on Saturday 16th November 2013, the Senior Partner and the Practice Manager presented some issues which were of importance to the practice and had been raised in the press so would affect all patients. Feedback was also presented from the receptionists who had picked up certain reoccurring themes/priorities/issues from speaking with patients. CQC issues were spoken about and there were no major planned practices changes to canvass opinion on in this survey. The patient group jointly agreed ideas for the survey. The minutes logged the following agreed priorities;

- Use same wording for any questions we want repeated as last year so allow for comparison
- Raise awareness of EPS, HSCIC extraction and ask question about getting a card reader as all these 3 things will have concrete actions as a result
- Ask how many times they've been into the surgery in the last year
- Only ask questions we will do something about with the results
- Decided not to ask for ethnicity
- Log that we will record answers confidentially

### **D. How we sought to obtain the views of our registered patients**

The patient group fully supported the use of text messaging this year. This is the first time we did this and it was a success. For example, on the first Friday when the survey went live (17/1/14), we sent out a text message to 5831 patients who had mobile numbers giving them the link to the questionnaire on surveymonkey and asking them to fill it in. When checking the next Monday, 404 had already been completed, exceeding last year's target of 365 immediately and showing the value of that type of communication.

In total we had 670 responses which equated to a 6.2% response rate (10726 raw list size as of 17/1/14) which is a good rate in survey terms and therefore credible.

In addition to text messaging, we publicised the surveymonkey link on our website, on our notice board outside the surgery and also in the surgery on the waiting room monitor. We had hard copies of the questionnaire at reception and the receptionists were asking patients to complete them. In addition, for one afternoon a week for a month, we had a work experience person who was present in the waiting room giving out questionnaires and the links to it (for those able to do it online) and responding to any questions asked.

### **E. How we provided an opportunity for the PRG to discuss the actions as a result of the survey**

We arranged a meeting on Wednesday 5<sup>th</sup> March at 7:30pm and invited all those that had expressed an interest in contributing to attend. We had 133 people who responded positively to being involved in the patient group. When they were invited to attend the meeting, 62 people responded with 33 saying 'yes', 27 saying 'no' and 2 saying that they were 'unsure'. Of the 27 that said that they weren't able to attend the meeting, many were interested to be involved through email contact. Of the 33 who said they would attend, 26 actually did, which was a good number. An email of the survey results was sent out before the meeting and was presented at the meeting.

The Patient Group suggested actions for the plan in response to the survey answers received and were then sent minutes of the meeting which logged these. The email asked for any further feedback to be responded to the Practice Manager. These minutes were also sent out on 13<sup>th</sup> March 2014 to those who didn't attend but were interested in being involved.

### **F. Our action plan – agreed 5/3/14**

<b>Findings</b>	<b>Actions</b>	<b>By when &amp; by whom</b>
Not everyone is aware that we offer the Electronic Prescribing Service	<ul style="list-style-type: none"> <li>We've now raised awareness to 349 people who answered the survey and didn't know about it</li> <li>Internal reminder about it to Doctors.</li> <li>Laminate notices near where the repeat prescription paper is.</li> <li>An audit to see if there is any difference in take up from now to 3 months time.</li> </ul>	<p>1/4/14 PM</p> <p>20/3/14 PM</p> <p>1/7/14 PM</p>
Most people are in favour of a card reader	<ul style="list-style-type: none"> <li>Get a card reader</li> </ul>	25/3/14 PM

Not everyone is aware about the Care.Data and sharing patient information beyond direct care.	<ul style="list-style-type: none"> <li>• We've now raised awareness to 372 people who answered the survey and didn't know about it.</li> <li>• We already have a notice on the notice board, on our website and on the waiting room screen.</li> <li>• We will remain neutral and balanced in our information – it is the patients decision.</li> </ul>	
We have many different types of methods of communicating. How can we do even better?	<ul style="list-style-type: none"> <li>• Make the notice boards clearer – less is more and signpost people to the website.</li> <li>• Investigate whether the newsletter can be emailed to people through a link on the website.</li> <li>• Delete the twitter account.</li> <li>• Currently the practice decision is to not use email for clinical correspondence to patients.</li> </ul>	<p>Ongoing PM</p> <p>30/4/14 PM</p> <p>30/4/14 PM</p>
Our overall satisfaction rates are very high	<ul style="list-style-type: none"> <li>• Worth publicising this – on the website and see if a newspaper will take up the article.</li> </ul>	Ongoing PM
Under 25's were under represented in filling in the survey	<ul style="list-style-type: none"> <li>• We will engage with the patient group as to how to trial methods of getting more involvement from younger people.</li> </ul>	Ongoing PM & SP
We didn't ask about our appointment system specifically, we received many comments about it and how some find difficulty in getting an appointment.	<ul style="list-style-type: none"> <li>• We have trialed different methods over the years and the current system which includes a duty doctor triage system offers the most number of appointments and guarantees that a patient can speak to a Doctor at least on the day that they call. We do tweak things here and there and won't be doing anything specific to note here.</li> </ul>	

PM = The Practice Manager, SP = Senior Partner

## G. A summary of survey findings

The full graphical results of the quantitative results are in a pdf document also uploaded to our website –

<http://www.dukesavenuepractice.co.uk/asp/news.asp?pID=9&nID=100>. A summary is below;

- 53% didn't know about we offer the Electronic Prescribing Service before filling in the survey
- 71% in favour of us getting a card reader
- 57% not aware of the care.data new NHS England initiative before filling in the survey
- In terms of our various communication methods, notices were viewed mostly positively as was the waiting room monitor. Most didn't know about the newsletter and twitter. Of those that used the website it was considered 'average' to 'good' and text messages were viewed extremely favorably with most saying 'excellent'.
- Overall, 90% of patients rate their satisfaction with the practice as either 'excellent' or 'good'.
- In terms of the demographics of those that filled in the survey, ages 26-65 were most common, with only 6% under 25 and 16% over 65 years old. 65% were female and 35% male. 74% had between 1-5 appointments in the practice in the last year. 8% hadn't been in, in the last year, the rest had been in more than 5 times. This shows that the survey was filled out by those who didn't just attend the practice in the survey month.

## H. What we'll do next

We'll start implementing the above action plan.

## Update on the previous action plan of March 2013

There were 4 actions in the action plan of 2012-13 and they have all been completed so there are no outstanding actions.

In 2012-13 patients said	Result reported in 2012-13 report	Further update as of March 2014
It was difficult to book with a specific doctor	We are trialling a new triage system designed to make sure patients are seen by the right person at the appropriate time	Duty doctor scheme was introduced.
You wanted us to review our telephone number	We are in active discussions with telephone companies about this and will be looking to change from the 0844 number.	0844 phone number was changed to a local 0208 number.

You wanted a regular newsletter	We agreed this would be a good idea. First newsletter published in March 2012	Action complete and newsletters are published each season
Better information on how to get test results	We have reworded the information given to patients. Hopefully everyone is clear how to obtain their results	Action complete.

**I. Our core opening hours of the practice premises and the method of obtaining access to services throughout the core hours**

You can call the surgery on 020 8365 3303 between 8.00 am - 18.30 pm Monday to Friday. Lines are closed between 13.00 and 14.30 pm.

Surgery opening hours are 8.00 am. to 13.00 pm. and 14.00 to 19.00 pm.

Outside of practice opening hours please call 111.

**J. Our extended hours access scheme where individual healthcare professionals are accessible to registered patients**

We offer extended hours from 07.30 am on every weekday and from 18.30 to 20.00 pm every Monday. Extended hours appointments are reserved for pre-booked appointments.